STD Epidemiology Summary: Rhode Island, 2006

SYPHILIS: The year 2005 marked the fifth year in a row that there was a rise in the number of cases of primary and secondary syphilis in the United States with a 9% increase from 2004 to 2005 and an increase of 46% from 2000 to 2005. Increases of primary and secondary syphilis among men who have sex with men (including bisexuals) of all races have been noted to be associated with outbreaks in large cities, such as Chicago, Los Angeles, New York City, San Francisco, Seattle and Miami.

Rhode Island, like many other parts of the country, has also seen an increase in the reports of infectious syphilis, which comprises primary, secondary and early-latent syphilis. In 2005, Rhode Island's rate of primary and secondary syphilis ranked seventeenth in the nation at 2.2 cases/100,000 people. In 2006, the Rhode Island rate of primary and secondary syphilis decreased to 1.3 cases / 100,000 people.

Overall, there were 20 cases of infectious syphilis statewide in 2006, a decrease of 31% over the 29 reported cases in 2005. Even with this significant decrease, it is still a 300% increase in infectious syphilis from the five reported cases in 2000. All twenty of the cases were male of which seventeen cases (85%) were men who have sex with men. Of the latter, eight were self reported to be HIV positive. Unlike gonorrhea and chlamydia, where infection is distributed mostly among the 15-24 year old population, the cases of infectious syphilis reported in Rhode Island had an average age of 38 years old.

Demographic characteristics of Infectious Syphilis Cases Rhode Island 2000 – 2006

	2000		2001		2002		2003		2004		2005		2006	
	#	Rate*	#	Rate*	#	Rate*	#	Rate*	#	Rate*	#	Rate*	#	Rate*
Statewide	5	0.5	12	1.1	22	2.1	40	3.7	41	3.8	29	2.7	20	1.9
Core Cities (Providence, Pawtucket, Central Falls)	2	0.8	9	3.4	16	5.9	21	7.8	30	11.1	16	5.9	14	5.2
Average Age	32	--	39	--	34	--	37	--	35	--	37	--	38	--
Hispanic	1	1.1	0	0	8	7.8	3	2.8	13	11.6	8	7.0	1	0.8
Black	3	6.4	2	4.1	2	4.0	7	13.7	4	7.6	7	13.3	3	5.6
White	1	0.1	10	1.1	12	1.4	27	3.1	24	2.8	14	1.6	15	1.8

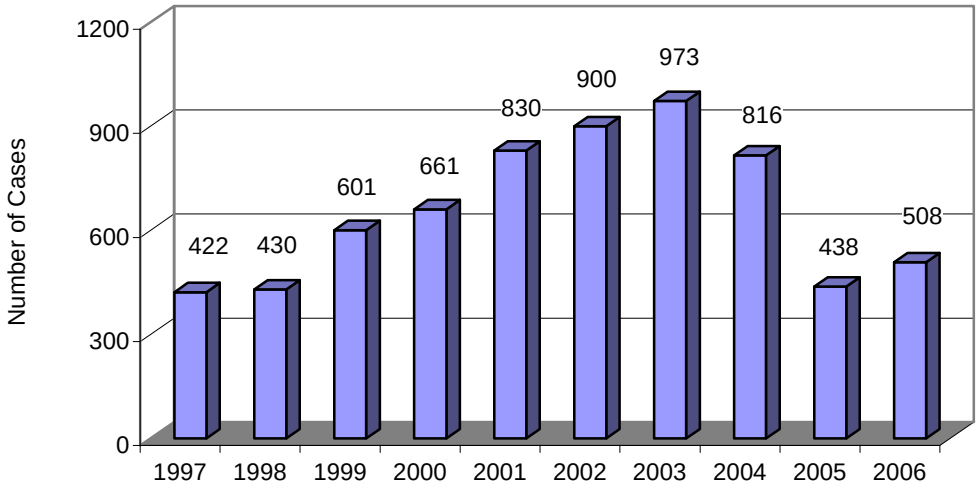
	2000		2001		2002		2003		2004		2005		2006	
	#	%	#	%	#	#	%	%	#	%	#	%	#	%
Males	**3**	**60.0**	**11**	**91.7**	**17**	**25**	**29**	**72.5**	**25**	**61.0**	**22**	**75.0**	**20**	**100**
Males who were MSM's	Unk.	--	3	27.3	12	16	19	65.5	16	64.0	14	63.6	17	85.0
MSM's who are self-reported HIV+	Unk.	--	2	66.7	6	3	12	63.2	3	18.8	2	15.4	8	47.1
Females	**2**	**40.0**	**1**	**8.3 %**	**5**	**16**	**11**	**27.5**	**16**	**39.0**	**7**	**25.0**	**0**	**0**
Women who had sex in exchange for money/drugs	---.	--	--	--	0	5	6	54.5	5	31.3	2	28.6	0	0

* Rates are expressed as cases/100,000 population. Rates are based on the 2000 to 2006 Rhode Island population estimates as calculated by the U.S. Bureau of the Census.

GONORRHEA: There was an increase in 2006 when compared to the previous year. There were 508 cases of gonorrhea reported in 2006 compared to 438 cases in 2005. This corresponds to a 16% increase in the number of cases reported to HEALTH from 2005 to 2006, but still represents an overall decrease of almost 48% when compared to the 973 cases reported in 2003..

The reason for the sudden decrease in the reported cases of gonorrhea since 2003, when a peak of 973 cases were reported, is unclear. One theory could be that with the increased use of sensitive tests beginning in the late 1990's, along with increased STD screening in females lead to increased gonorrhea case finding, especially those cases that were asymptomatic. This corresponds to the time that the number of reported gonorrhea cases in Rhode Island began to increase and reached a

Reported Cases of Gonorrhea, Rhode Island, 1997-2006



peak in 2003. Over time, the pool of asymptomatic gonorrhea carriers has decreased due to the screening activities of the last decade and in turn has lead to a lower rate of transmission of gonorrhea within Rhode Island.

CHLAMYDIA: There were 3,142 cases of chlamydia reported to HEALTH in 2006. This represents a almost 4% decrease from the 3,269 cases reported in 2005, which was the highest number of chlamydia cases reported in a year since it became a reportable disease in Rhode Island. Like in past years in Rhode Island, females accounted for approximately three-quarters of the chlamydia cases. The discrepancy between males and females is more than likely due to the increased use of screening for chlamydia in females rather than the lack of infections in males.

Reported Cases of Chlamydia, Rhode Island, 1997-2006